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APPLICANTS

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** CONTINUING DATA ***** *mcml*
exists
none
 ** FOREIGN APPLICATIONS ***** *mcml*
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

VERIFIED AND ACKNOWLEDGED

Michael C. *[Signature]* InitialsExaminer's Signature *[Signature]* Initials

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24628
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TITLE

Angioplasty super balloon fabrication with composite materials

FILING FEE RECEIVED 454	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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